

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER ^A 1st AMENDMENT		AFTER ^B 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1		1	52						
3		1		2		2	53						
4		1		2		2	54						
5		1		2		2	55						
6		1		2		2	56						
7			1				57						
8				1		1	58						
9				1		1	59						
10				1		1	60						
11				1			61						
12				1			62						
13				1		1	63						
14				1			64						
15					1		65						
16						1	66						
17						1	67						
18						1	68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23						1	73						
24						1	74						
25					1		75						
26						1	76						
27						1	77						
28						1	78						
29						1	79						
30						1	80						
31					1		81						
32						1	82						
33						1	83						
34						1	84						
35						1	85						
36						1	86						
37						1	87						
38						1	88						
39						1	89						
40						1	90						
41						1	91						
42						1	92						
43						1	93						
44						1	94						
45						1	95						
46						1	96						
47						1	97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2		4		TOTAL IND.						
TOTAL DEP.	5		16		42		TOTAL DEP.						
TOTAL CLAIMS	6		18		46		TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091357836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		
3				2		
4				2		
5				2		
6				2		
7						
8				1		
9				1		
10				1		
11						
12						
13				1		
14						
15			1			
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25						
26				1		
27				1		
28				1		
29				1		
30				1		
31						
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66	1					
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82	1					
83		1				
84		1				
85		1				
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						